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ABSTRACT

This practicum was designed to improve the level and quality of involvement of foster parents and social workers in the development of timely and compliant foster care plans at a child care agency in Ontario. The writer developed: (1) an agency policy that defined the unique relationship between foster parents and the child welfare agency and mandated the involvement of foster parents and the enhancement of the partnership relationship through a foster care plan; (2) an improved foster care plan format; (3) clear job descriptions for both social workers and foster parents; (4) a protocol for the development of foster care plans; and (5) tools for measuring the level and quality of foster parent involvement. A 4-hour training session was developed to train a group of 4 social workers and 10 foster parents. Also developed were exercises designed to obtain feedback from the social worker and foster parent after the completion of the foster care plan. Post-test results indicate improvements by those participating in the project with over 70% of the parents indicating a high "level" of involvement and 100% indicating a high "quality" of involvement. The appendices contain a statement describing the partnership relationship, a foster care plan format, and various instruments used to measure the level and quality of foster parent involvement. (SM)

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Toward An Effective Parenting Partnership For Children In Child Welfare Agencies And Foster Parent Programs

By

Ian N. MacLean

Cohort XLIV

A Practicum Report Presented to the
Master's Program for Child and Youth Care Administrators
in Partial Fulfilment of the Requirements
for the Degree of Master of Science

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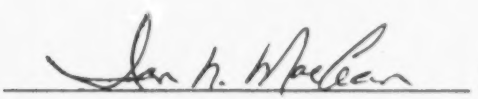
AUTHORSHIP STATEMENT

I hereby testify that this paper and the work it reports are entirely my own. Where it has been necessary to draw from the work of others, published or unpublished, I have acknowledged such work in accordance with accepted scholarly and editorial practice. I give this testimony freely, out of respect for the scholarship of other workers in the field and in the hope that my own work, presented here, will earn similar respect.

Signed in Ingleside, Ontario this 17th day of July 1992.



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VERIFICATION FORM

Verification of Practicum Activity:

As the Executive Director of the Children's Aid Society of Stormont, Dundas and Glengarry, I am very aware of the work that Mr. Ian MacLean has been doing on his practicum in our Agency. In April our Board of Directors approved the Partnership Relationship Statement as developed by Mr. MacLean. The statement was written following consultation with myself, our Clinical Director, his peer Supervisors, and a committee of staff members and foster parents. Further he has developed a detailed job description for foster parents and adopted our job description for social workers as they relate to the task of caring for the child in care. This will greatly influence our work with our foster parents now and during the '90's.

Mr. MacLean has developed some tentative revisions to our Foster Care Plan format. Following a four hour workshop on Partnership and the Foster Care Plan he has field tested the new format involving 10 foster families and 4 social workers from the City Protection Unit. The results of this work will be contained within his report.

Practicum Title: Toward an Effective Parenting Partnership for Children in Child Welfare Agencies and Foster Parent Programs.

Student's Name: Ian N. MacLean
Cohost: 44

Date: July 3, 1992

Verifier's Name (Signature): _____

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Verifier's Position: Executive Director, Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry
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ABSTRACT

A process aimed at improving the level and quality of involvement of care providers and their social workers in the development of timely and compliant foster care plans. MacLean,I., 1992; Practicum Report, Nova University, Master's Program for Child and Youth Care Administrators. Descriptors: Staff Motivators/Antecedents/Consequences/Feedback/Foster Care Plans/Partnership Definition/Foster Care Givers - Social Worker Relationships/Foster Care Plan/Roles and Responsibilities.

Social workers were not involving the foster parents in the development of the foster care plan. The foster care plans were not timely and were not signed by workers, foster parents, supervisors, and other participants.

The author designed and implemented a strategy to ensure the involvement of foster parents and social workers in the development and signing of timely foster care plans. The author developed, an agency policy which defines the partnership relationship, an improved foster care plan format, clear job descriptions for both social workers and foster parents, a protocol for the development of foster care plans, and measuring tools to determine the level and quality of foster parent involvement.

A four hour training program was the antecedent exercise developed to train a group of four social workers and ten foster parents. Pre-tests and post-tests were used to determine the success of the project.

Consequential excercises involved feedback with the social worker and foster parent following the completion of a foster care plan.

Post-test results indicate dramatic improvements by those participating in the project with over 70% of the foster parents indicating a high "level" of involvement and 100% indicating a high "quality" of involvement. The benefits of a partnership relationship and the involvement of foster parents in the development of plans of care are far reaching. Foster parents testify to improved communication and quality of care.

The appendices contain the Partnership Statement, a Foster Care Plan format, and various instruments to measure level and quality of involvement of foster parents in developing the plan of care, and, evidence of healthy partnerships.

TABLE OF CONTENTS

	Page
Authorship Statement	i
Colleaque's Verification	ii
Abstract	iii
Table of Contents	iv
CHAPTER	
1. Introduction	1
2. Study of the Problem	4
A. The Problem Defined	4
B. Evidence in Support of the Problem	5
C. Analysis of the Problem	7
D. A Review of the Literature	9
3. Goals and Objectives	14
4. Solution Strategies	17
A. Information Collection	17
B. Solution Strategies	19
C. Practicum Implementation	20
D. Problems and Roadblocks	21
E. Follow-on	22
5. Results, Conclusion and Recommendations	24
References	31
Appendices	
A. The Partnership Relationship Statement	33
B. Foster Parent Training Evaluation	38
C. Measure of "Level of Involvement"	41
D. Measure of "Quality of Involvement"	42
E. The Foster Care Plan (Part I & II)	43
F. Roles & Responsibilities of Foster Parents & Social Workers	49
G. Training Program	53

Chapter 1

INTRODUCTION

The setting for this practicum was a non-profit corporation mandated by provincial legislation to provide voluntary and involuntary services to children in need of protection and their families. The agency provides a variety of services and programs ranging from investigations into alleged cases of physical, sexual and emotional abuse, risk assessments, child care, permanency planning, adoption, foster care, and referral. It is also mandated to supervise child protection services on the nearby native Indian reserve.

The agency hosts two separately funded programs for the provincial government; an independence preparation program and a treatment foster care program. The latter provides treatment in a family setting for ten adolescents referred through mental health agencies, and two adolescents referred through the Young Offender courts.

It is unique in that it is a fully bilingual agency offering services in both French and English. Further, it serves a population of 110,000 people who are 70% Roman Catholic, 30% Protestant, 55% anglophone, 45% francophone, 50% urban and 50% rural. The agency is located downtown in the largest urban centre of 51,000 and serves a geographical area encompassing three counties stretching 50 km. to the west, 45 km. to the east and 30 km. to the north.

The agency employs fifty-four staff. The Executive Director is hired by the board and oversees the work of his executive secretary, the legal advisor, business manager, personnel director, and clinical director. The clinical director manages all services provided by the agency by supervising the work of the five supervisors who in turn supervises the thirty-four professional

social work staff. The agency boasts a very active volunteer program involving about seventy volunteers under the direction of a full time coordinator. It has ninety-six active foster parents caring for about one hundred and forty children. An average of one hundred and eighty children were in its care at any one time throughout 1991.

The writer is one of the five supervisors in the agency and carries the title of Supervisor of Resources. As such he oversees the work of eight workers involved in two programs. The foster care program involves five social workers who are responsible for the recruitment, screening, training, supporting, and annual reviews of the agency's foster parents. In addition, they are involved in the placement and matching process as children are referred to the program. A team of two social workers and a secretarial-case aid, staff a foster care treatment program which provides a structured, family, reality-based, treatment milieu for twelve adolescents. A final key task of the author is the achievement and maintenance of licences for the foster care program and the foster care treatment program according to provincial standards.

As a supervisor, the writer is a member of the management team at the agency. He is jointly responsible for the development and implementation of the agency's policies and procedures, the adherence to all provincial standards and guidelines and the development and implementation of annual service plans and budgets. As Supervisor of Resources the author is the chief liaison between the agency and the local Foster Parent Association. Keenly aware of services given to and received from the agency's foster parents, the writer is well versed on ongoing relationship issues between foster parents

and social workers.

The definition and implementation of a partnership relationship between foster parents and social workers was a current and prioritized task.

Chapter 2

STUDY OF THE PROBLEM

A. The Problem Defined:

Since 1984, provincial legislation states that:

1. A child in care has a right to a plan of care designed to meet the child's particular needs, which shall be prepared within thirty days of the child's admission to the residential placement. 2. A child in care has a right, (a) to participate in the development of the child's individual plan of care and in any changes made to it; [Ontario: Child and Family Services Act, 1984. Sect.101:(1)&(2)(a)]

Further the Ministry's Foster Care Licensing Regulations 550/85 Section 108 indicates that:

"1) Every licensee shall review and if necessary amend the foster care plan for each child it places in foster care.

2) The review referred to in subsection (1) shall be carried out with the involvement of the placing agency,.... the child, the foster parents and the child's parents,...."(FC-0205-09)

A system had not been developed to ensure that every child entering the foster care system would have a plan of care developed and reviewed regularly by the foster caregivers, social workers, and where appropriate, the child and natural parent. The regulations also stipulate that a foster care plan must be developed within thirty days of placement and reviewed every ninety days thereafter. All plans and reviews must be signed by the caregiver (the foster parent), the social worker, the social worker's supervisor and where appropriate by the child and natural parent participating in the plan.

The problem defined, was that, in the author's agency there was a very low rate of compliance to the above noted regulations. There were very few current foster care plans and reviews being completed including signatures, and involving all appropriate parties.

The joint completion and regular review of the foster care plan was seen as a must to enhance the spirit of the partnership relationship between the agency and its foster parents.

B. Evidence in Support of the Problem:

Three recent review results were used to support the problems as identified above. The standard used in compliance was a current foster care plan must be on file signed by the social worker, supervisor and foster parent.

As a result of section 62 of the Child and Family Services Act 1984, the author's agency has an annual review of all its Crown Wards. In its 1991 review thirty crown wards were reviewed. The results indicated that eight cases or 26.6% met total compliance for having foster care plans completed.

In August, the author completed a survey of foster care plans developed for children admitted to care between May 1, 1991 and July 15, 1991 by the Intake Department. Of seventeen children admitted only thirteen were in care for longer than thirty days. Of these thirteen cases only four or 30.8% had completed and signed foster care plans on file.

A further review in November, 1991, the files of forty-three children admitted as temporary wards by the Family Service Units indicated that two or 4.6% of the files had completed and signed foster care plans. Overall, of

eighty-six files reviewed fourteen or 17.4% met compliance to Ministry standards. See TABLE 1

TABLE 1

Review	Number of Files	Total Compliance	% Compliance 1991
Crown Ward Review	30	8	26.7%
Intake	13	4	30.8%
Family Services	43	2	4.7%
Total	86	14	17.4%

The author was also interested in the degree of involvement and the quality of that involvement as it pertained to the foster parents' role in the development of the foster care plan. It was not consistently clear from the file record just how involved the foster parents were. Were they invited to a conference and involved in the detail of the development of the plan? Were they minimally involved by a telephone call? Were they involved at all or were they just asked to approve and sign the completed document? Two measures were developed to measure the level and quality of involvement. See Appendix C & D. The following TABLE 2 indicated that of twenty foster parents surveyed a very high percentage (65%) of foster parents indicated a low level of involvement in the development of the foster care plan with a corresponding low to medium (80%) quality of involvement.

TABLE 2

Number of foster parents surveyed...20

		Average	Implementation Group	Control Group
Level of Involvement:	Low	65%	60%	70%
	Medium	35%	40%	30%
	High	0%	0%	0%
Quality of Involvement:	Low	35%	40%	30%
	Medium	45%	40%	50%
	High	20%	20%	20%

As a result of this survey it was very evident to the writer that there were wide discrepancies and confusion as to the definition of the foster care plan, its purpose and method of development. The higher level of quality of involvement reflected the fact that in most cases foster parents felt a part of the agency and a respected member of the team. There was relatively no planning occurring reflecting an action plan for the daily life of the child in the foster home and community.

C. Analysis of the Problem:

A review of the agency's policies and procedures indicate that workers and foster parents were expected to take part in the development and review of foster care plans. The training offered to the foster parents indicates that they were to expect to be very actively involved. Some direction was given for them on how to prepare for the exercise. For example, they had been instructed on the maintenance of a daily log and the documentation of crisis

situations that occurred in their day-to-day caring of the child. A Child Care Kit clearly outlined to the social worker the documentation requirement for the development and review of foster care plans.

What was notably missing was a protocol statement for both foster parents and social workers detailing (1) the steps to be used in the plan development, (2) who was to be involved (3) what issues were to be discussed (4) how will strong differences of opinion be addressed, and (5) what were the roles of the various team players. Although much was said about partnership, the agency had not developed a clear definition of partnership as it applied to the joint parenting of children in their care. Hence, there were no clear definitions or guidelines for workers or foster parents to follow, so as to confidently share the various parenting decisions and tasks.

As a typical Child Welfare agency the emphasis was on the protection of children. Workers in the Intake and Family Service Units were primarily focused on children at risk in their family and communities. Occasionally children are apprehended or admitted to care when the risks are high. The child is placed in a place of safety following which the worker returns to his protection caseload with an added priority of providing accurate and complete documentation and presentation for the courts. Because of high caseloads the foster care plan received a lower priority. A check list is on the front of each file. There was no additional monitoring and feedback system in place for the supervisor to follow foster care plans.

The author frequently argues that some children were often put at greater risk by being admitted to care. Not only are children lifted out of their known environment and community, where often they have developed their

own survival techniques, and put into a totally strange environment, but, they are admitted to a system - a system that if not properly monitored and given priority could fail them and put them again at risk.

In interviews with foster parents and the author's contacts through the Foster Parent Association the mood was generally one of frustration because of a lack of clear communication with their worker concerning their specific child. Plans were presented in court without their prior knowledge, an access visit was arranged, a new school assigned - all were areas that should have been addressed in a foster care planning conference.

D. A Review of the Literature:

The writings of Stephen F. Cosson in his article "Developing a shared language and practice" in the book "Group Care Practice with Children" edited by Leon C. Fulcher and Frank Ainsworth, warrant a critical examination as he addresses the importance of an effective team working towards a common action plan.

The writer has taken the liberty of suggesting that we equate foster care givers, social workers, school teachers, psychologists, and volunteers to include the **staff** (emphasis mine) or worker referred in the following:

> This personality quagmire, the coherence or lack of coherence between **staff** (emphasis mine) members, would seem to be the main element which influences the success or failure of routine, intervention methods and planned activities that surround a child's total working day. Unless **staff** (emphasis mine) have organized themselves into a cohesive team with an integrated

> climate which absorbs the different ideologies, values, and philosophies, then the energies of workers may go into surviving or just competing with each other, virtually insuring that no treatment is accomplished. (p.85)

The completion of an action plan, or, in the context of this practicum, the foster care plan, was of paramount importance. During this exercise we focus caregivers, volunteers, professionals and indeed agencies on the needs of a child. Cosson concludes with an excellent description of the purpose of a foster care plan:

> The Action Plan is intended to be a negotiated statement of common themes which tie people and programs together. In so doing, an Action Plan can help workers to reduce the level of conflict, competition, or despair which can all too easily develop in daily practice. Since the development of an Action Plan involves a team process, it is likely to increase the clarity of focus expected for each worker. The completed document is also useful in public relations with other professionals and referral agencies. (p.104)

The need for developing a foster care plan and its importance in bringing together and negotiating with all parties involved in the care and treatment of a child was further exemplified by Ronald Molin's article "Treatment of Children in Foster Care: Issues of Collaboration". Here he recognizes the relational issues that arise simply when a foster parent does not have the opportunity to choose the therapist or workers assigned to their home. He says: "They may or may not agree with the caseworker's definition of presenting problem and what the necessary interventions should be.....Foster

parents whose opinions and needs may conflict with the system's have little recourse within the social service system..." (p.242). Molen is another advocate for the development of "an implied or explicit contract" (p.243) or foster care plan as a tool through which to negotiate clear expectations and relationships.

With the conception of the child care profession, and now more recently with the increased involvement, requirements and expectations of the foster care giver, team work is a desired and essential commodity in providing the safety net in which to care and treat the child. Neither the teacher, the foster parent, the psychologist, the volunteer (i.e. Big Brother/Sister) or the social worker can afford to work in isolation. Mark A Krueger, Ph.D. in "Careless to Caring for Troubled Youth" advocates for the shifting of major therapeutic emphasis from the therapist to the caregiver with appropriate training and development programs within agencies and for universities and colleges. He sees the need to upgrade "the role of caregivers in the current team system,....through improved training, staff development programs, and incentives for caregivers, the team system can adjust to meet the increasing needs of troubled youth." (p.57)

Krueger speaks of a "shared decision-making process" and "the development of individual treatment plans." (p.57) This is exactly the ingredients necessary for the foster care plan. He lists three assumptions or possible outcomes which might result from this team approach in residential facilities which the author considers could be adapted to the foster care system:

1) ...that daily accountability and behaviour management will be easier

2) ...that job satisfaction and organizational commitment will improve

3) ...that treatment effectiveness will be increased, because people working most closely with the youth will have considerable input into the decision-making process. (p.57)

A further example from the literature on the new trend toward teamwork and partnership in the delivery of services to children is taken from Kathi Hughes and Vivien Lougheed's article "Effective Partnership Between Teacher and Child and Youth Care Worker: Experiences at Storefront School, British Columbia." In summary the article states that from an "effective partnership" flows the development and delivery of an "affective curriculum." (p.47-56) Their list of ingredients which form the very foundations of an effective partnership and their list of requirements of all team members in order to attain partnership has been adapted further by the writer and used in the training provided to workers and foster care givers centered on the development of a plan of care.

And why, all this fuss for teamwork, partnership and the need to develop foster care plans? For the writer and his agency it was yet another piece in the support network which we wanted to offer our foster families. The foster care giver is asked to do the impossible in today's society. Robert Twigg writes about the "Exclusive vs. Inclusive" foster care models. Originally foster parents were given a child, and, almost exclusive of support and supervision, instructed to care for the child as they would their own. For all intense and purposes the placement was permanent and the foster child was expected to become a member of the foster family. Today, we have moved to the "inclusive" model. Placement is short term with the goal of returning the

child to his/her natural family or with an adoptive family. Twigg deftly describes the current role of the foster care giver and paints the dilemma as follows:

> "...the foster family is to treat the child as one of its own without bonding to the child. As if this task were not difficult enough, the foster family is also expected to allow the agency within the family boundary. More specifically, the foster family is expected to share the decision-making function of the family's executive subsystem with the agency. If the foster family and the agency cannot come to an agreement, the family is expected to submit to the authority of the agency. The good foster family is also expected to be able to work with the foster child's biological family. In effect, the foster family is expected to share the parenting role with both the agency and the biological parent (Visher & Visher, 1979)." (Twigg p.80)

The point that Twigg brings so clearly to us is that, "The foster care system, using the inclusive model, must accept the idea that foster care is a team effort. This team spirit must emanate from the social work staff." (p.84)

The writer's practicum then focused on the completion of affective foster care plans and the development of an effective team, and a working partnership.

Chapter 3

GOALS AND OUTCOME OBJECTIVES

The goal of this practicum was to develop an effective means for the development and completion of current, signed foster care plans involving the foster caregivers, and the social worker and, where appropriate, the child, and the natural parent, for children admitted to the care of the agency.

The following objectives were developed for this practicum to be achieved in a seventeen week implementation period.

1. A definition of partnership and a statement of defined child focused roles and responsibilities for foster parents and social workers will be developed and included in a training program for foster parents and social worker.

This objective was deemed completed and successful upon the approval of the definition and statement of the defined roles and responsibilities by the Management Team of the Agency, the Services Committee of the Board and the Board of Directors which approves all policies and procedures. A joint committee of staff and the Policy Committee of the local Foster Parent Association also received and gave approval to these statements validating their usefulness in the system. The statement as contained in Appendix A was approved by the Board of Directors on April 22, 1992.

A standard evaluation form (Appendix B) was used by the author at the conclusion of the training workshop. This allowed the foster parents and social workers to provide feedback to the author as to the benefits and needed improvements of the training experience.

2. Current signed foster care plans will be completed on 75% of the children assigned to the four workers involved in the program.

The achievement of this objective was measured by recording the number of completed foster care plans that met the criteria of being current and having the signatures of foster parents, workers and supervisor. The data from this review was compared with the data gathered to determine the need for completing foster care plans.

3. The degree of involvement of foster parents in developing a foster care plan will be increased by 40%.

4. The quality of the involvement of foster parents input into the development of a plan of care will increase by 40%.

A post-test survey was completed following the intervention program, the results of which were compared with the pre-test survey. Two groups of foster parents were surveyed. One group received an intervention program while the second group acted as a control group with no intervention administered. See Appendix C and Appendix D for the evaluative instruments.

Besides measuring the level and quality of involvement of the foster parents these instruments provide a very detailed check list for the social worker. They describe how the agency expects the foster care plan to be completed. A sample list includes the following: - both foster parents are in attendance at a conference called specifically to develop the foster care plan; - the foster parents are called on to provide information at the conference; - their daily log is used; - the timing of the conference has everyone's approval; - the foster parents are asked to identify their issues; - written information is shared at placement with the foster parent; - quality time is given to the task by both foster parent and worker; - foster parents are given time to ask questions and express their views; - foster parents sign

the foster care plan and receive a copy; - etc.

The author expected foster parents and social workers to have possession of these quality assurance check-lists and to refer to them frequently as the skill of developing a foster care plan was perfected by the partners.

Chapter 4

SOLUTION STRATEGIES

A. Information Collection:

The author recognized that a mere strategy to complete all foster care plans would not automatically improve the quality and level of involvement and reflect in an improved partnership relationship. In the 1950's and early 1960's big business and industry in North America believed that bulk production was the key which took precedence over quality. (Royal Bank Letter, Vol.72 No.5) As a result of that thinking the car industry launched into the production of huge, spaceship-like cars with a lot of bells and whistles all of which soon ended on the garbage heap. This gave an opening to the higher quality cars from Europe and Southeast Asia.

Japan has long recognized that quality can not be inspected in by management after the product is produced. Workers, they have found, must be trained and motivated to achieve quality. Hence, the author chose to strategize by involving the social workers and foster parents in an effective training program and by the development of clear definitions of partnership, roles and responsibilities.

As mentioned earlier the author supervises a twelve bed treatment foster care program. In this model the foster care givers meet bi-weekly for training and support with the program counsellors. Roles and responsibilities are clearly defined and the training program is extensive. From its conception, the care givers have been trained to see themselves as part of the team and have been treated as partners by the staff. As a result treatment plans are completed with a high level and quality of involvement from the

caregivers.

In reviewing the literature on improving work output, the author examined the work of Judith Komaki, Robert Collins and Pan Penn in the "The Role of Performance Antecedents and Consequences in Work Motivation." Their study concluded that workers prefer and perform at a higher level as a result of a performance consequence such as feedback. "With feedback, employees upgraded their performance over their initial levels and any improvements that had occurred during the previous phase. This finding supports previous field studies in which feedback was found to improve on results attained by training and rules (Komaki et al.,1980) and other antecedents, such as goal setting (Erez, 1977; Kim and Hammer, 1976)." (p.339)

In a study reported by Charles A. Mayer (1982) frequent (weekly) performance feedback increased program completeness by over 40% as compared to an improvement of over 30% from monthly performance feedback. Mayer noted that the study only focussed on program completedness and not on quality issues related to the enhancement of pupil learning or improvements in the quality assessment, intervention and consultation. He concluded however, that because of the increased amount of director time required for weekly feedback as compared to only a 8.9% improvement in the results it may be more beneficial to provide routine feedback on a monthly basis. (p.688)

Further studies by Robert Kreitner, William E. Reif, and Marion Morris, Arizona State University (1977) supported the concept that staff feedback or knowledge of results can improve job performance. Although this study used "public presentation (i.e., feedback boards, graphs, news sheets) to display results and motivate, the author determined that this approach would not

benefit staff in his agency. Stress runs high and a public display of compliance results would add tension rather than bring the desired results.

B. Solution Strategy:

Using the strategy concepts of performance antecedents and consequences as studied by Komaki, Collins and Penn, the author:

- developed a training program for the foster care givers and social workers which acted as a performance antecedent. Clear definitions of partnership and team work, roles and responsibilities were presented through an experiential workshop for adult learners.
- developed a protocol for the development and review of the foster care plan. This protocol was produced and presented as training material in the above noted workshop.
- presented a four hour training workshop to a group of ten foster parents and four assigned social workers. These acted as the intervention group.
- selected ten other foster parents and their assigned social workers as a control group.
- offered individual feedback to both foster parent and social worker following the completion of a plan of care and the post-test (performance consequence)..
- re-tested the control group who had not received any antecedent or consequential intervention.

Note - a pre-test of these groups produced a baseline on compliance level as well as level of involvement and quality of involvement. (see TABLE 1 and 2)

C. Implementation Plan:

The plan involved a three phase process aimed at the completion and signing of timely foster care plans. It included the development of a clear definition of the partnership relationship that exists between the agency social workers and its foster parents; a training experience involving the partners and a field test which allowed the partners time to practice developing a foster care plan in a real life situation.

Calendar Plan:

Weeks 1,2 - The author developed the Partnership Relationship statement, (Appendix A) the Foster Care Plan Part I (Appendix E) and Job Descriptions for Foster Parents and Social Workers (Appendix F).

Weeks 3,4,5 - The statement was presented for discussion and feedback to (a) the management staff; (b) a joint committee of foster parents and staff; (c) the Services Committee of the Board of Directors. The author developed the training package for social workers and foster parents.

Week 6 - The statement was presented for approval to the Board of Directors.

Week 7 - The training package on The Partnership Relationship as it relates to the Foster Care Plan was presented by the author to the Intervention Group four social workers and ten foster parents. (Appendix G)

Week 8,9,10,11,12,13,14,15 - The intervention group identified 10 children on which they agreed to develop or review a foster care plan.

- The author provided feedback on completed Foster Care Plans and discussed issues and concerns with workers and foster parents.

Weeks 16,17 - Post-tests were administered on the ten participating foster

parents, the intervention group and ten foster parents identified as the control group.

- Data was processed and analysed and the final report written.

D. Problems and Roadblocks:

Following the author's identification and approval of the practicum subject, the agency went through a very difficult period. Because of the economic times the government funding was reduced forcing the cancellation of several preventative and interventive programs and the downsizing of the overall agency by two staff. Management and labour relations became strained over layoffs and transfer disputes. The morale of the whole agency hit an all time low following the death of a child. The results this had on the author's practicum were the following.

1) The practicum required the full cooperation of four workers with a stable case load. These could not be identified until very recently. The workers who the author identified in the original proposal as the control group became the implementation group and vice versa. Fortunately the author had not discussed these issues with any worker previously.

2) The author had to be extremely and constantly sensitive of the extra workload placed on the workers because of the goals of the practicum. The basic task of meeting face to face with both foster parents to develop a foster care plan was seen as a large demand. Getting signatures and making sure foster parents received copies of the plan was yet another task requiring imaginative streamlining which will require further input.

3) The eleven common issues of care as identified in Part I of the Foster Care Plan (Appendix E) added another hour to two hours on already overloaded workers. As a result the completion time was lengthened from five to eight weeks.

4) During the period allotted for the completion of this practicum the author's agency intensified its efforts for documentation compliance. The standard used by the Agency was having a foster care plan on file signed by the worker and supervisor. Whether or not the foster parent was involved or even knew the content of that plan was not considered. The author therefore concentrated on the Partnership Relationship issues and the level and quality of involvement of the foster parents in the foster care plan development.

E. Follow-on:

The writer will seek permission to use the training material, the definition of partnership, roles and responsibilities, the protocol for the development and review of foster care plans, and the overall results of this practicum in an in-house training program called "Grand Rounds." Such sessions are organized about ten times a year by the Executive Director in an effort to keep all staff, foster parents and interested board members abreast on current protocols, technologies, literature and applied procedures in various areas of the Child Welfare field.

The writer may also make application to run a workshop at the annual conferences of the Foster Parent Society of Ontario and the Ontario Association of Children's Aid Societies.

Journal articles discussing the results of the practicum will also be

presented to the Journal of the Ontario Association of Children's Aid Societies as well as various foster parent journals and newsletters.

Chapter 5

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Results: This section of the report presents the outcome of evaluation methods for the four objectives discussed in Chapter Three.

The overall goal of the practicum met with exciting results. In developing an effective means for the development and completion of current, signed foster care plans involving the foster parents and social workers the author went initially to the very heart of the issue in defining the unique relationship that exists between foster parents and the agency. With a clear statement defined and decreed by the Board of Directors it becomes mandatory to strive to involve foster parents and enhance the partnership relationship through the foster care plan. The initiative to involve foster parents and social workers in a training program was successful as they explored each others roles, responsibilities and relationships as they pertain to the child. Feedback from both foster parents and workers included positive comments on the timeliness, appropriateness and necessity of the practicum goals. All work towards the improvement of communication between the partners and results in quality care for the child.

Objective #1.

The agency approved a clearly defined standard of partnership - a bench mark which will determine the relationship between foster parents and social workers for the next decade. Although it was written by the author it was discussed and argued by all levels of staff, foster parents and board members. The resulting statement is similar to the original with one major exception. The author used the term "shared parenting" to describe the common task of the

social worker and foster parent. There was an overwhelming consensus to describe that task as "equipping". Too many negative connotations, (ie. allegations, lawsuits, etc.) were attached to the term "shared parenting" to allow its use. Equipping speaks of the sharing of skills and building on personal strengths with our children. It more adequately describes the common task that the partners do together.

The Partnership Statement and the Job Description of Foster Parent and Social Workers were two tools used in the training program to heighten awareness and understanding between the partners. Participants indicated they better understood the jobs and pressures of their partners after having an opportunity to discuss and participate in the training exercise and visually see through the use of overheads how they work together to improve the quality of care for the child.

Objective #2.

The data gathered from this objective is found in Table 3 below.

Table 3

COMPLIANCE REVIEW OF CHILD CARE FILES

Total Compliance - Timely, on file, signatures of foster parent, social workers and supervisor
Partial Compliance A - Timely, on file
Partial Compliance B - Timely, on file, signatures, of social worker and supervisor

GROUP	TOTAL FILES	TOTAL COMPLIANCE	%	PARTIAL COMPLIANCE A	%	PARTIAL COMPLIANCE B	%
Implementation Group (City Protection)	24	3	12.5%	20	91.6%	19	79%
Control Group (County Intake & Protection)	17	1	5.9%	14	82%	11	64.7%

This objective of the practicum met with mixed results. As indicated earlier the agency increased its efforts to motivate staff to complete foster care plans. Signatures of social workers and supervisors were the only requirements beyond timeliness and on file.

The data of Table 3 shows that the group the author worked with produced greater results than the control group which received no input (training, etc.) or feedback. Both the initiatives of the author and agency assisted in getting the results of having foster care plans on over 75% of the files. However, total compliance involving signatures remains an issue.

The signatures of the partners involved, indicating ownership and

agreement continues to be a logistical problem. Workers voice frustration in having to revisit the foster parents simply to get a signature after the document has been typed. Currently managers are coming to an agreement that foster parents, social workers and supervisors should sign the original hand written copy, which is then typed and distributed. The original and typed copies are filed together to record Ministry compliance. Foster parents will then receive a typed copy directly from the secretary indicating a list of original signatures.

Concurrently with this project the agency has become computerized. A bring forward system ensures timely compliance by alerting the worker and supervisor of upcoming due dates for foster care plans.

Objective 3 and 4.

Table 4 below clearly expresses the overall success of this practicum as the author compares the pre-test and post-test results of the implementation group and as these results are compared with the control group. The table indicates that before the definition of partnership, training and developing the foster care plan none of the foster parents saw themselves as highly involved. However, at the end of the practicum 71% saw themselves as highly involved as compared to respective figures of 0% and 11% in the control group.

The quality of involvement far exceeded expectations. 100% of the foster parents involved indicated a high quality of involvement as compared to only 33% in the control group.

Table 4

	Implementation Group (City Protection)		Control Group (County Intake & Protection	
	Pre-Test	Post-Test	Pre-Test	Post-Test
Level of Involvement:				
Low	70%	0%	60%	56%
Medium	30%	29%	40%	33%
High	0%	71%	0%	11%
Quality of Involvement:				
Low	30%	0%	40%	44%
Medium	50%	0%	40%	22%
High	20%	100%	20%	33%

It is interesting to note that the quality of the involvement always exceeds the level of involvement. In other words small efforts to involve all partners in the planning will have greater payoff when it comes to quality.

The instruments developed and used by the author served the dual purpose of a consistent measuring tool as well as an indicator to the partners as to the steps or protocol one should follow in developing a foster care plan. It further acted as an appropriate feedback tool to open discussion with the foster parents and workers.

To further enhance the partnership and to focus discussion when workers met with foster parents to develop the foster care plan the author identified eleven common (Appendix E) issues. Some of these issues related to policies and procedures in practice at the agency, while others were founded on sound child care practice.

The time required to complete the Foster Care Plan varied from 1½ to 2½ hours. Again this raised an issue of time for workers with caseloads of 28-32 cases. Both workers and foster parents related that the majority of issues covered were very appropriate. Foster parents related very strongly that as a result of the "common issues" communication had improved with their worker and a feeling of understanding and commitment now existed. They feel like part of the team.

Conclusion:

The practicum stressed the importance of antecedent and consequential actions in order to motivate the partners in completing their tasks of individual foster care plans. The antecedent work in this project was of far greater importance and value then the consequences. The former included

definitions, policy setting and the establishment of values and mind-sets in the whole agency. With a sure foundation, training was given and clear protocols developed defining the methods to be used. The latter, involved feedback which largely consisted of clarification, the listening to frustrations, encouragement and measurement of results.

The author is now seen as the "heralder" of partnership at the agency.

Recommendations:

The author makes the following recommendations:

1) That the partnership - foster care plan training be continued so as to involve all social workers and foster parents.
2) That the measurements used to determine Level and Quality of Involvement be used periodically by the agency as instruments to measure "Quality Assurance".
3) That Part I "Common Issues" of the Foster Care Plan be adopted by the Agency as a part of the Foster Care Plan.
4) That all partners sign the original handwritten Foster Care Plan. This copy will be filed with the typed copy which will be shared with all parties involved.
5) That all Child Welfare agencies and foster care programs determine to allow the needs of children and their caregivers to override the consuming demands of their systems.

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3. The Partnership Relationship

The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry recognizes that no individual, professional or agency can work effectively with children and their families in isolation. Literature abounds, testifying for industry, service programs and social agencies alike, that to improve the quality of the product, one must enter into a partnership relationship with all those involved in its production. With this philosophy in mind, this agency is committed to partnership with its foster parents and all other service providers in order to improve the quality of care given, and, to ensure the provision of excellent and complete services to the children and families requiring alternate care.

This statement will define the partnership role that must exist between our agency and our foster parents. According to Webster, partnership refers to "a relationship resembling a legal partnership and usually involving close cooperation between parties having specified and joint rights and responsibilities". Two ingredients of partnership are identified in this definition:

First, "close cooperation": partnership at best describes the mind-set that must be shared by both parties as we meet the needs of the children in our care. The agency's social workers and the foster care givers must understand and accept their unique and specific roles and the power attributed respectively to them. The agency is mandated to act as the "legal guardian" of children in alternate care. As the child's legal guardian, the agency is ultimately responsible and accountable for the well-being of, and planning for, children it has removed from their families. The foster parents are seen as "agents of the society" contracted to provide the daily life experiences for the child. There must be no notion of competition between them - but rather close cooperation - each must be willing to accept the other both in power, role and responsibility. As we work together, there must be a sense of equity and common purpose. While the players are not equal in their respective responsibilities, no player should view his/her role as superior or subordinate. Each partner must consider the other during the process of decision making and be aware of the effects of each decision on each partner as well as the child and his/her family.

Second, "specified and joint rights and responsibilities": a true partnership can only work effectively when each player knows and understands his/her specific and joint rights and responsibilities as well as the specific rights and responsibilities of the other partner. The agency, with its partners the foster parents, is committed to developing a clearly defined job description and to continually update their "Service Agreement". Further in the interest of maintaining a solid partnership, ongoing training, grand rounds, issues groups, task oriented committees and conferences will be developed involving both team players.

The agency and the foster parents realize that either partner fully depends upon the other. The foster parent is fully dependent upon the agency for children, support services and funds to care for them. On the other hand the agency is fully dependent on the foster parent to provide a family-life experience for each child placed in their home. Therein lies the major difference

in roles between these partners. In their role, the foster parent interacts with the child twenty-four hours a day and develops strong parent-child relationships. The social worker develops a different yet very significant relationship as they link with the child's past and develop plans for the present and future. In the partnership, both roles are unique and of supreme importance and cannot exist in isolation.

Intertwined in this unique relationship is the fact that the agency is the organization licensed to develop and maintain a foster parent program. As such, the agency recruits, trains and supports its foster parents and therefore carries a heavy responsibility to maintain the quality of care provided to children within the foster care system.

The common task assigned to the partners (social workers and foster parents) is that of "equipping". Our goal is to ensure that children are individually equipped with the means to maximize their potential in the development of meaningful and fulfilling life styles. Together we must thoroughly know and understand the pertinent social history of our child, and assess his/her physical, medical, social, emotional, mental, moral, spiritual, educational and discipline needs. As partners we must also define and put in practice an enriched program to meet those needs, and provide him/her with a nurturing milieu wherein he/she will thrive. Healthy interpersonal relationships must be developed among the partners, the child and legal parents. The partners must collectively advocate for and ensure at all times that only least restrictive and least intrusive measures are taken so as to protect the child's rights, responsibilities and best interests.

Partnership speaks of a community of caring. It may involve many agencies, many professionals and many volunteers. The agency and the foster parents join this larger community in its commitment to meet the identified needs and to act in the best interest of each child in its care. In a true partnership, there is a total sharing of responsibility - the community collectively serves the child. Everyone and every role is seen as a contributing and valued part of the whole.

The following (A, B) has been adapted from work presented by Kathi Hughes and Vivien Lougheed as a result of their work on partnership in the school setting in British Columbia between teachers and child and youth care workers. (Journal of Child and Youth Care: Vol. 6 No. 2 p. 47-56) to fit the partnership relationship in our Agency between foster parents and social workers.

A. Foundations of an Effective Partnership Between Agency Social Workers and Foster Parents

1) Consensus on a shared philosophy.

2) Commitment to advocacy for the child in care.

3) A commitment to the task and role of equipping.

4) Clarification of roles and responsibilities (see Appendix A and B)

5) Mutual respect for the importance of each role.

6) Commitment to close cooperation - an acceptance of each partner's power, role and responsibility with a sense of working together for the common good of the child.

7) Teamwork and mutual support and appreciation.

8) Inclusion of all team members on all planning conferences and the development and reviews of the Foster Plan of Care.

To attain this partnership, all team members must be willing to:

1) Work as a team member.

2) Develop trust with other team members by communicating, sharing feelings, perceptions, being sensitive to others and offering support.

3) Having job descriptions which clarify requisite skills and role descriptions.

4) Discuss and agree on the consensus of philosophy prior to joining the team.

5) Respect mutual professionalism.

6) Attend regular conferences to plan events, "process" feelings and review the child.

7) *Communicate regularly to identify priorities so that the team supports one another.*

8) *Role-model the behaviours expected from our wards: willingness to give support and feedback, being positive, having a sense of humour, demonstrating commitment through hard work, punctuality and attendance, demonstrating empathy and sensitivity, setting high expectations, demonstrating effective communication skills.*

9) *Participate in regular meetings.*

10) *Have frequent timely, regular team reviews of foster Care Plans.*

11) *Regularly and jointly evaluate the structure and organization of the foster parent program to monitor and adjust responsibilities.*

12) *Establish clear expectations and consequences for child behaviour so that all team members are consistent and supportive of each other.*

B. Evidence of a Healthy Partnership Between the Agency Social Workers and the Foster Parents

1) *A high level of involvement with foster parents in the timely development and regular reviews of the Foster Care Plans. (See "Measure of 'Level of Involvement' of the Foster Parent in the Development of the Foster Care Plan")*

2) *A high quality of involvement of the foster parent during the development and review of the Foster Care Plan. (See "Measure of 'Quality of Involvement' of the Foster Parent in the Development of the Foster Care Plan")*

3) *Joint training sessions between the agency's social workers and foster parents.*

4) *Annual recognition events for foster parents.*

5) *Involvement of team players in conferences related to a child's needs, development, etc., policy development and program reviews.*

6) *Regular planned events between the partners to discuss and air differences, problem areas, procedures, and successes. (e.g. issues groups, grand rounds, support groups, etc.)*

7) *Strong agency financial and moral support of the Foster Parent's Association.*

8) A system that is providing safe, nurturing environments within its child care programs.

9) Children who have developed with a sense of self-esteem and personal worth and who are experiencing a degree of success.

10) The ability of both partners to look at issues objectively.

11) The ability and freedom of both partners to disagree on issues without fear of any negative repercussions.

FOSTER PARENT TRAINING EVALUATION

Workshop/Course : _____ **Date:** _____

Trainer(s) : _____

_____

1. Subjects covered:

Subject areas you liked most:

_____
_____
_____
_____

Subject areas you would change or leave out - and why:

_____
_____
_____
_____

Subject areas you would add - and why:

_____
_____
_____
_____

2. Course materials (handouts, overheads, film, etc):

What did you like most about course materials?

_____
_____
_____
_____

What did you like least about course materials?

_____

_____

_____

_____

What changes do you recommend we make in course materials?

_____

_____

_____

_____

3. **Course Delivery:**

What did you like most about your trainer(s)' methods?

_____

_____

_____

_____

What did you like least about your trainer(s)' make?

_____

_____

_____

_____

4. **Physical Arrangements (location, room, seating, etc.)**

What did you like most?

_____

_____

_____

_____

What did you like <u>least</u>?

What changes do you recommend we make?

5. <u>Other</u>:

In what ways was this course/workshop beneficial to you?

Would you recommend we repeat this course at a later date? Why?

Comments:

THANK YOU!

Measure of "Level of Involvement" of the Foster Parent in the Development of the Foster Care Plan

[Example: Answering eight yes out of ten will classify the foster parent as having a high level of involvement]

1.	*Were both foster caregivers (exception: single foster caregivers) present in the planning conference?*	*Yes*	*No*
2.	*Was the planning conference one hour or longer in duration?*	*Yes*	*No*
3.	*Were you asked to gather information prior to the conference?*	*Yes*	*No*
4.	*Were your notes or daily log used or referred to?*	*Yes*	*No*
5.	*Were some of your issues addressed in the foster care plan?*	*Yes*	*No*
6.	*Were specific tasks assigned to the caregivers and worker in the foster care plan?*	*Yes*	*No*
7.	*Was written information shared with you at or shortly after (within twenty-one days of) placement?*	*Yes*	*No*
8.	*Was the timing of the conference negotiated with you?*	*Yes*	*No*
9.	*Did you sign the foster care plan?*	*Yes*	*No*
10.	*Did you receive a copy of the foster care plan signed by the worker, supervisor and caregivers?*	*Yes*	*No*

Score ___/10

No Involvement												*Total Involvement*
	0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	

Low (0-4) - Medium (5-7) - High (8-10)

Measure of "Quality of Involvement" of the Foster Parent in the Development of the Foster Care Plan

[Example: Answering eight yes out of ten will classify the foster parent input as high quality of involvement]

1.	*Were you given opportunity in the planning conference to ask questions and express your views?*	*Yes*	*No*
2.	*Did you feel your presence and participation was important?*	*Yes*	*No*
3.	*Was adequate time allowed to cover all the issues?*	*Yes*	*No*
4.	*Were your issues seen as important and addressed with concern?*	*Yes*	*No*
5.	*From the foster care plan, are you clear as to your roles, the agency's expectations of you and your responsibilities with this child as well as the agency's role and responsibilities?*	*Yes*	*No*
6.	*Is the foster care plan a useful tool for you in the caring for this child?*	*Yes*	*No*
7.	*Do you feel you are accepted as a valued partner in the parenting of this child?*	*Yes*	*No*
8.	*Are you in full agreement with the content of the foster care plan?*	*Yes*	*No*
9.	*Do you feel you could differ strongly with the agency in presenting the best interests of the child to the point of going through the service complaint procedure?*	*Yes*	*No*
10.	*Was the time shared by you and the worker informative and useful?*	*Yes*	*No*

Score ___ /*10*

Low Quality Involvement												*High Quality Involvement*
	0	*1*	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*	

Low (0-4) - Medium (5-7) - High (8-10)

CHILDREN'S AID SOCIETY OF STORMONT, DUNDAS AND GLENGARRY

ENHANCING THE PARTNERSHIP

FOSTER CARE PLAN PART I

COMMON ISSUES OF CARE: Case Name: _____ File No.: _____

Foster Home: _____

Admission Date: _____ Social Worker: _____

___ Preliminary Foster Care Plan ___ 30 Day ___ 90 Day
___ Revision of Foster Care Plan ___ Transfer Foster Care Plan

(All of the following points must be discussed with the child, foster parent and social worker within the first 30 days of placement. Please indicate in left column the date completed or N/A - not applicable.)

Date Complete

_____ **1. Type of physical contact, expression, etc. between foster parents (mother, father, children) and the foster child as per Foster Care Resource Policy #9A.**

_____
_____
_____
_____
_____

_____ **2. The assignment of chores, tasks, work responsibilities as per Foster Care Resource Policy #8B.**

_____
_____
_____
_____
_____

_____ 3. **Arrangements for the handling of spending and clothing allowances, Christmas and birthday gifts as provided by the agency.**

_____ 4. **Arrangements for introduction to school, receipt and distribution of report cards, parent-teacher interviews, conferences, I.P.R.C., etc.**

_____ 5. (a) **Arrangements for medical, dental, optical, auditory, psychological, appointments, etc. Who attends with child, transportation, reports sent to whom, etc.?**

(b) **Medication: Who administers? When? Prescribing doctor and date to be reviewed.**

_____ 6. **Arrangements for contacts (telephone, letters, visits) between child and natural parent, siblings, extended family members, former foster parent, etc.**

_____
_____
_____
_____
_____

_____ 7. **If access visits - are they supervised, where will they take place, least intrusive time for child(ren), foster parent, natural parent, sibling, are they court ordered, possible problems, transportation arrangements, who will supervise?**

_____
_____
_____
_____
_____

_____ 8. **Effective method of disciplinary practices, consequences, etc. to be used. (refer to Child & Youth Care Policy #)**

_____
_____
_____
_____
_____

_____ 9. **Babysitting, relief arrangements, special needs, etc. (see also Foster Care Resource Policy #8D).**

_____
_____
_____
_____
_____

_____ **10. Legal Status of child. Duration of order. Next court review. Access with official guardian.**

_____
_____
_____
_____
_____

_____ **11. Other, i.e. holiday arrangements, special requests, keeping of case notes, frequency of contact with agency.**

_____
_____
_____
_____
_____

Date of 7-day visit: _____ Date of 30-day visit: _____

Please attach to Part II with signatures of all parties. Copy to foster parents and any other involved parties.

CHILDREN'S AID SOCIETY OF STORMONT, DUNDAS AND GLENGARRY

47

ENTER: FAMILY/CASE SERVICE PLAN OR FOSTER CARE PLAN PART II

CASE NAME: **FILE NO.:**

ENTER: PRELIMINARY FOSTER CARE PLAN, 30 DAY, 90 DAY, REVISION OR TRANSFER FOSTER CARE PLAN

PRIMARY FOCUS AREAS	GOALS/OBJECTIVES SHORT-TERM/LONG TERM	STEPS TO BE TAKEN & SERVICES TO BE PROVIDED Re: Desired Outcome	PERSON/AGENCY RESPONSIBLE	STARTING DATE	EXPECTED ACHIEVEMENT DATE	NOTES/ INSTRUCTIONS

BEST COPY AVAILABLE

Social Worker _____ Date _____

Supervisor _____ Date _____

Parent _____ Date _____

Parent _____ Date _____

Child(ren) (over 12) _____ Date _____

Foster Parent _____ Date _____

Foster Parent _____ Date _____

Part I & Part II of Foster Care Plan must be completed on the 30th day and reviewed on the 90th day after placement and every 90 days thereafter.

C. Foster Parent/Social Worker Job Description

C. Foster Parent Job Description	D. Social Worker Job Description
General Summary: The role of the foster parent is to provide day to day parental care within the prescribed standards and guidelines of the Child and Family Services Act and Society's Policies and Procedures. In partnership and co-operation with Agency staff, to assess the child's needs, and to implement the plan of care (Foster Care Plan) within an atmosphere which promotes the on-going development of the child.	General Summary: The primary responsibility of the Protection Worker and the Child and Youth Care Worker is the prevention of harm to, and the protection of children using the least intrusive measures as required under the Child & Family Service Act. It is also mandated that the worker will provide services to children and families on an on-going basis once the case has been investigated and dealt with by the Intake Department. Ensure that children in the care of the Agency receive the highest level of care and service possible. Develop appropriate service plans for each child in care. Ensure that each child's physical, emotional and social needs are fully met through implementation of the service plan. Act in a supportive and consultative role with foster parents using a teamwork approach. Advocate for each child in obtaining the community services necessary to meet their needs. Develop a trusting relationship with the child, so as to act as a source of continuity in the child's life.

C. Foster Parent Job Description	D. Social Worker Job Description
MAJOR RESPONSIBILITIES Physical Care: Within the requirements of the Foster Care Standards to ensure the provision of physical necessities (i.e.: housing, clothing, medical care, diets, etc.), consistent with a positive and enhancing lifestyle. Emotional and Social Care: To provide a family life experience which promotes the emotional, social and spiritual growth of the child and which respects and protects the cultural identity and religious choice of the child and/or his/her family. To initiate and monitor recreational and socialization programs for the child as required. Education Care: In co-operation with the designated worker, foster parents shall provide appropriate monitoring of the child's progress in school. This includes contact with teachers and assistance with homework assignments as necessary. This may include advocating on behalf of the child to secure an appropriate educational program.	MAJOR RESPONSIBILITIES: Physical/Emotional/Education Needs To work with families and children in their homes and ensure adequate physical and social functioning of the family unit through, a) assessment of needs, b) implementation of plans, c) provision of services of support, counselling, mediation and advocacy and, d) the use of relevant community and agency resources. Investigate complaints or self-referrals regarding inadequate care and/or abuse of children on one's caseload according to the terms outlined in the Child & Family Services Act; to follow guidelines determined by the Ministry and procedures approved by the Society. To decide, in consultation with the Supervisor, and appropriate committees whether or not children should be admitted to care; work through the placement process with the families and children involved; collaborate with all other concerned Society personnel and other appropriate professionals involved when children are placed. To prepare appropriate cases for court, including wardship hearing and pre-court conciliation meetings; consult with court worker or lawyer; present evidence in court; prepare all necessary documentation. To complete Care by Agreement contracts where appropriate, according to Agency guidelines.

C. Foster Parent Job Description	D. Social Worker Job Description
	To ensure the well-being of the child while in care by, a) providing procedures approved by the Society, b) supporting, counselling, mediating, planning and advocating the use of relevant community and agency resources for educational, medical, psychological, vocational and recreational needs, c) visiting, monitoring and assessing appropriate placements of children, d) maintaining regular contact with foster parents or other care-givers to provide liaison, support, counselling and mediation with respect to the child(ren) in care, e) making all reasonable efforts to repair/amend the relationship with the family as circumstances require, and, f) planning, counselling, negotiating for the child's discharge from care to return to his/her own family, alternate placement or independent living. Help the child cope with separation and loss from natural parents. Ensure that the child has knowledge and understanding of past history with his natural family and in care. Arrange and carrying out foster placement or replacement in full co-operation with foster parents and the Resource Department. Provide skilled counselling to children in care, based on a knowledge of child development and clinical interventions and counselling with children. Consider and implement where appropriate a long-term placement option for each child (adoption long-term foster care, resource type). Assess each child's developmental capacities. Refer and ensure treatment for special needs children who require intensive medical, psychological or other specialized services.

BEST COPY AVAILABLE

C. Foster Parent Job Description	D. Social Worker Job Description
Contact with Natural Family: Foster parents shall enhance natural family contact, where appropriate, in co-operation with the designated worker. Where the child does not have current contact with the natural family, the foster parent will provide on-going support regarding separation and the development of the child's identity. Where visiting occurs, the method of transportation and supervision of visits will be contracted between foster parents, workers, and volunteers.	Working With Natural Families To work with families and children in their homes and ensure adequate physical and social functioning of the family unit through, a) assessment of needs, b) implementation of plans, c) provision of services of support, counselling, mediation and advocacy and, d) the use of relevant community and agency resources. Helping the child cope with separation and loss from natural parents. Ensuring that the child has knowledge and understanding of past history with his natural family and in care.
LifeBook: Foster parents are requested to develop and maintain or contribute to a foster child's LifeBook. A LifeBook is a scrapbook or album designed to document or collect for the child his/her milestones, achievements and participation in clubs, schools, church, community and sports events. It collects for the child pictures and stories of special events, birthdays, trips, family visits, significant newspaper clippings which can be taken with the child and treasured for years to come. Costs incurred by the foster parent may be recovered through monthly reimbursement requests.	LifeBook: The Social Worker will begin the lifebook collection process and request the participation of the foster parent child and where possible the natural parents. Children in care for long periods of time will be given top priority (i.e.: Crown Wards and Society Wards for longer then one year). The LifeBook exercise will be included on the Foster Care Plan.
Court: The foster parent has the right and the responsibility to attend court on behalf of the children in their care for six months or more. The foster parent may accompany the child to court hearings whether or not it is necessary to testify. It may be necessary for the foster parent to testify in court to ensure that his/her knowledge of the child be included in the court's deliberations.	Court: To prepare appropriate cases for court, including wardship hearing and pre-court conciliation meetings; consult with court worker or lawyer; present evidence in court; prepare all necessary documentation.

PARTNERSHIP - FOSTER CARE PLAN

TRAINING PROGRAM

April 30, 1992

6:30 p.m. - 10:30 p.m.

A G E N D A

1. *Welcome and Announcements*

2. *Why Partnership?*

3. *Small Group Exercise / Discussion / Application*

4. *The Partnership Statement*

5. *A) Team Behaviour Inventory*
   B) Team Player Profile
   C) The Three Stages of Mutual Assistance
   D) What are the Team Resources?

- - - - - B R E A K - - - - -

6. *Foundations of an Effective Partnership*

7. *Requirements for Team Members*

8. *The Foster Care Plan*
   Section 52 vs. Section 101 (CFSA)

9. *The Foster Care Plan Outline*

10. *Measuring Level and Quality of Involvement*
    (What is expected? How are foster care plans done?)

11. *Job Descriptions*

12. *Evidence of Healthy Partnership*

13. *Developing a Foster Care Plan*